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| Policy Name: | Somavert (pegvisomant) | Policy #: | 2481P |
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Somavert.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Somavert under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for the Treatment of Acromegaly

- 1.1 Prescribed by an endocrinologist (hormone doctor)
- 1.2 Diagnosis of acromegaly
- 1.3 Age 18 years or older
- 1.4 High Insulin-like Growth Factor (IGF-1) levels for age (lab values are required)
- 1.5 Documented inadequate response to surgery or radiotherapy or clinical reason why the patient has not had surgery or radiotherapy
- 1.6 Documented trial and failure or contraindication to Sandostatin LAR and Somatuline Depot

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Somavert (pegvisomant) [prescribing information]. New York, NY: Pharmacia & Upjohn Co; July 2023.
2. Fleseriu M, Biller BMK, Freda PU, et al. A Pituitary Society update to acromegaly management guidelines. *Pituitary*. 2021 Feb;24(1):1-13.
3. Giustina A, Barkan A, Beckers A, et al. A Consensus on the Diagnosis and Treatment of Acromegaly Comorbidities: An Update. *J Clin Endocrinol Metab*. 2020 Apr 1;105(4):dgz096.
4. Melmed S, Bronstein MD, Chanson P, et al. A consensus statement on acromegaly therapeutic outcomes. *Nat Rev Endocrinol*. 2018;14(9):552-561.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.